Rockland Irish-American Cultural Center, Inc.

284 Convent Road • Blauvelt, NY 10913

Tel: 845-365·2495

Web site: www.rocklandirish.com -Mail: Riacc284@gmail.com

MEMBERSHIP APPLICATION

NAME OF SPOUSE		CHILDREN UNDER 21	
ADDRESS			
CITY	STATE	ZIP CODE	
PLACE OF BIRTH	PHONE NUMBER		
		EMAIL	
	und and experience pertainii	re. Please indicate any additional information ng to your association with Irish matters that	
PROPOSER:			
SIGNATURE OF APPLICANT	Γ	DATE	
culture, art, music, litera exhibits, music and dand MEMBERSHIP: Any individual interested	ature and heritage. To province performances and other of the control of the cont	ol Center Inc. is to promote interest in Irish de a place for meetings, study, lecture, art cultural activities. of the Cultural Center is eligible to apply for opposer or Mail your completed application to	
<u>DUES:</u> The annual membership	dues for a family is \$50.00	and includes children under 21 years of age.	
	REPORT OF THE MEMB	ERSHIP COMMITTEE	
Date of Meeting		ard of Directors Meeting	
<u> </u>			
Approved		Membership Committee	